

## Welfare-to-Work Program Monthly Attendance Report

Dear Client:

Please tell us what you are doing to meet your Welfare-to-Work participation requirements.

In the boxes below, tell us about your Welfare-to-Work activities for **MARCH** and return this form to your worker by the 5<sup>th</sup> of April. If you have any questions about this form, you may call your caseworker.

|  |                           |  |   |  |   |
|--|---------------------------|--|---|--|---|
| <b>Please tell us what you did this month</b><br><br><b>Examples are:</b><br>Work<br>Job Club<br>Counseling<br>Work Study<br>Training or College | <b>Place of activity:</b> | <b>Number of hours you attended or worked this month</b> | <b>If this is a new activity, please write in the start date.</b> | <b>If this activity has ended, please write in the end date.</b> | <b>If you were absent from the activity, please list the date(s) and the reason(s) why.</b> |
| <b>Activities</b>  | <b>Location</b>           | <b>Hours</b>   | <b>Start</b>  | <b>End</b>   | <b>Date &amp; Reason</b>  |
| <b>Example 1: College</b>  | <b>Shasta College</b>     | <b>48</b>  |   |  | <b>March 3 Sick</b>   |
| <b>Example 2: Work</b>   | <b>Hilton Gardens</b>     | <b>100</b>   | <b>March 1</b>  |  |   |
| <b>1</b>   |                           |  |   |  |   |
| <b>2</b>   |                           |  |   |  |   |
| <b>3</b>   |                           |  |   |  |   |
| <b>4</b>   |                           |  |   |  |   |
| <b>5</b>   |                           |  |   |  |   |

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

Signature of Client

Date

Hours indicated above of client attending college will be verified through classes enrolled in and verified by attached copy of Student's Monthly Enrollment Report provided and verified by Shasta College CalWORKs Coordinator.